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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Zambia

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Zambia for the period 1997 to 2001 in the amount of $10,250,000 from general resources, subject to the availability of funds, and $47,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Since the late 1970s, Zambia has faced increasing economic difficulty. As employment and incomes have declined, and as the economic reforms have proceeded, over 50 per cent of households have been pushed to the brink and are unable to afford a nutritionally adequate diet. Morbidity and mortality rates have risen, and one child in two is malnourished. In addition, social sector budgets have been cut, resulting in a deterioration in both the coverage and quality of health, education, water supply and other essential services.

2. Child mortality reduction trends of the 1970s have been reversed. The infant mortality rate has increased from 80 to 113 per 1,000 live births between 1980 and 1992, and the under-five mortality rate has risen from 150 to 202 per 1,000 live births. With rising HIV infection rates, those figures are expected to increase by as much as 20 and 45 per cent, respectively, by the year 2000.

3. Some 42 per cent of infant deaths occur within the first month of life, largely associated with prematurity; and from one month onwards Zambian infants suffer from very high rates of respiratory infections, diarrhoeal diseases and malaria, which together account for nearly one third of infant deaths.

4. Malnutrition is widespread. Some 12 per cent of infants are born with low birth weight, 40 per cent of children are nutritionally stunted, 20-30 per cent of hospital admissions are due to malnutrition, and about one half of infant and young child deaths are underlain by poor nutritional status. Stunting starts at about three months of age, and is closely associated with the too early introduction of non-breast foods, deficiencies in the weaning diet and constant illness, especially diarrhoea. Micronutrient deficiencies are also prevalent. Some 25-50 per cent of children are vitamin A deficient, 46-82 per cent of schoolchildren are iodine deficient, and 34 per cent of women and 15 per cent of children under 14 years of age are anaemic.

5. The maternal mortality rate (MMR) is very high and rising. The World Health Organization (WHO)/UNICEF estimate of MMR is 940 per 100,000 live births. The principal causes of maternal mortality are anaemia, sexually transmitted diseases (including HIV infection), toxaemia, hypertension, malaria and complications of pregnancy and delivery.

6. HIV/AIDS is a rapidly growing problem and affects every Zambian household. Recent surveys indicate HIV prevalences of 15-37 per cent among urban adults and 7-15 per cent in rural areas. In 1994, it was estimated that some 700,000 Zambians were infected, and the number of new infections is growing at 400-500 cases daily. Some 50,000 children are HIV positive, and perinatal transmission is understood to account for 75 per cent of all cases of paediatric AIDS. In 1993, an estimated 40,000-50,000 people died of AIDS, and the number of AIDS-related deaths is expected to double by the end of 1998. Consequently, the number of AIDS orphans is growing rapidly, from an estimated 80,000 in 1991 to a projected 600,000 by the year 2000. Over 70,000 children are now already estimated to be eking their living from the streets.

7. Gross primary education enrolment rates have dropped from 96 (1985) to 77 per cent (1992); the 1990 census indicated that only 56 per cent of 7- to 13-year-olds were in primary school; and rural/urban (44/77 per cent attending school) and regional disparities are increasing. While 83 per cent of enrolled children complete primary school, the quality of education is low, and less than 30 per cent continue to secondary school. Reflecting those trends, illiteracy rates remain unacceptably high. Over 1.3 million Zambian adults are illiterate (33 per cent), with the vast majority being poor, rural and female. Access, quality and relevance of primary education have been undermined by the lack of

trained teachers and poor conditions of service, the lack of teaching and learning materials, the lack of school furniture and the poor physical state of schools.

8. While estimates vary, available information indicates that access to protected water sources in rural and peri-urban areas ranges between 25 and 60 per cent; that about one half of all water supply systems are not functioning due to breakdowns and maintenance neglect; and that access to sanitation is between 40 and 50 per cent in rural and peri-urban areas.

9. Poverty is clearly the major factor underlying the poor survival and growth of Zambian children. Recent research indicates that 68 per cent of Zambians are poor and that 55 per cent of households can be classified as "core poor" in that they are unable to afford an adequate diet even if they spend their total incomes on food. Within this context, the most vulnerable children are to be found in child-headed households, on the streets, in households affected by HIV/AIDS, in female-headed households with high dependency ratios, and in isolated rural and congested peri-urban areas.

10. Since 1991, the Government has embarked on a stringent economic reform and structural adjustment programme. However, poverty alleviation strategies have not been mainstreamed within this adjustment process. As a result, an increasing number of households are expected to suffer the consequences of this adjustment, and their limited capacity to cope or respond to these changes will further adversely affect the welfare of women and children.

PROGRAMME COOPERATION, 1991-1996

11. At its 1991 session, the Executive Board approved the Zambia country programme covering the period 1991-1995 (E/ICEF/1991/P/L.4). However, as a result of political activity at the end of 1991, programme implementation was delayed. Therefore, a "bridging" programme covering the period 1994-1996 (E/ICEF/1994/P/L.19) was approved by the Board, also in part to enable UNICEF to synchronize its programme cycle with those of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA).

12. During the period 1991-1996, social sector policies and strategies for health, nutrition, education and water supply were developed; the Convention on the Rights of the Child was ratified in December 1991; and the Zambia National Programme of Action (NPA) for the Child was approved in August 1994.

13. With the approval of the Health Reform policy in 1992, priority attention has focused on strengthening district capacities to plan and manage primary health care (PHC) programmes and to increase the quality and public health impact of their actions. As a result, child vaccination rates have recovered and been sustained at over 85 per cent; and the very high rates of oral rehydration therapy use (99 per cent in 1995) have been sustained. However, while capacities to manage diarrhoea have improved, its prevalence has increased, reflecting growing problems of poverty, inadequate access to safe water supplies, and poor sanitation and hygiene practices.

14. Good progress also has been achieved in promoting the sexual and reproductive health of women in Lusaka through a pilot project, developed jointly by UNICEF and WHO, focusing on the prevention and treatment of syphilis in pregnant women. By the end of 1995, antenatal visits before 16 weeks of gestation had increased from 9 (1993) to 13 per cent, and nearly 90 per cent of all seropositive women and 66 per cent of their partners were treated. The adverse outcome among syphilitic pregnancies was reduced by almost two thirds to

28.3 per cent. On the basis of this experience, the project is being expanded to cover four additional urban areas.

15. In the area of nutrition, UNICEF supported the National Food and Nutrition Commission to draft a national nutrition policy and to integrate these concerns into district health plans. By the end of 1995, over 90 per cent of all salt consumed were found to be adequately iodated; vitamin A supplementation rates among under-fives had increased to 94 per cent; and 40 hospital and maternity units were certified as "baby-friendly".

16. UNICEF has also supported the reform and decentralization of Zambia's health services. With the objective of providing universal access to an essential package of health services, UNICEF provided technical assistance; helped to define "the essential package" of health services; supported the training of district and provincial health teams; provided cash grants to selected districts; and worked with the Ministry of Community Development to develop mechanisms to cover the health care costs of the poor.

17. In responding to the needs of a growing population of children in difficult circumstances, UNICEF supported research on street children; the development of a survival skills training programme; and the establishment of the Children in Need Network to provide networking and capacity-building support to non-governmental organizations (NGOs) serving children.

18. In promoting Education for All, a new national policy was prepared; learning/teaching materials were developed and distributed; the primary curriculum was reviewed and health education introduced as a core subject; HIV/AIDS awareness materials were widely distributed and a number of teachers were trained in HIV/AIDS counselling; teacher-training programmes were supported; and tools were developed to monitor learning achievement. Increased attention has been directed to identifying and demonstrating interventions which successfully increase girls' primary enrolment, progression and achievement.

19. UNICEF work with a number of church groups and NGOs to support the growing number of community schools for all categories of out-of-school youth has included the development of a core curriculum, the production of basic learning/teaching materials, and the development of training courses for untrained community school teachers. In response to the HIV/AIDS epidemic, UNICEF has been supporting more than a dozen NGOs in their design and support of a range of peer education and life skills training programmes to promote HIV awareness, self-health and survival skills.

20. In the area of water and sanitation, UNICEF, with assistance of the Norwegian Agency for International Development (NORAD), supported the establishment of the Community Management and Monitoring Unit (CMMU), which undertook a national inventory of water points; prepared a policy on hand-pump standardization; prepared guidelines for the establishment of district and community water, sanitation and health education (WASHE) committees; and developed aids to support communities in the development of their own WASHE plans. UNICEF has supported implementation of community WASHE projects in five drought-affected provinces. Emphasizing district and community capacity-building, 20 district and 250 community WASHE committees have been established; some 450 community water point caretakers have been trained; and over 2,000 water points have been constructed or rehabilitated.

21. To improve the database on the situation of children and women and promote the use and analysis of this information to improve planning and policy-making, UNICEF supported the development of the Food, Health and Nutrition Information System (FHANIS); a household expenditure and income survey; and a survey of

progress towards the mid-decade goals. In addition, operational research has been supported and a documentation centre on children, women and development issues in Zambia has been established.

22. Under the community-based child survival and development project, resource poor households in Luapula Province were supported in food production; and communities were assisted to renovate rural health centres, primary schools and water supply systems.

23. UNICEF assistance to the drought emergencies of 1992/1993 and 1994/1995 included the provision of supplies, training, supervision and cash grants for immunization, the control of diarrhoeal diseases, nutrition promotion and vitamin A supplementation. Some 2,000 water points were constructed or rehabilitated and a drought monitoring system were established.

Lessons learned

24. There is a need to recognize the constraints to economic and social progress conditioned by prolonged economic decline and successive droughts; the costs and implications of debt and its servicing; the very real limitations imposed by a limited and overstretched government capacity; the disruptions which accompany political change; and the difficulties of introducing democratic and institutional reform.

25. This experience has underlined the need to expand access to essential services; to strengthen government capacities to plan, manage and monitor essential services; to develop a broader and more substantive partnerships with NGOs, the church, civic groups and private sector; to strengthen community capacities to demand, manage and contribute to their own development; to strengthen communications strategies to improve the knowledge and skills of individuals, families, communities and service providers; and to ensure that the services and capacities developed are appropriate, affordable and sustainable in the context of severe resource constraints.

26. In reviewing the lessons learned, the mid-term review urged increased use of the Convention on the Rights of the Child and the NPA to guide policy development and action; more support for health and education reforms; increased attention to the needs of the destitute; more attention to the impact and consequences of HIV/AIDS; more effective use of communications strategies to bring about behavioural changes; development of more affordable and sustainable financing strategies; more emphasis on monitoring human welfare; and an increased concern for gender and the girl child.

27. With so many issues to address, UNICEF was urged to carry out fewer activities, but more effectively; to improve the integration of projects; to move away from the provision of direct inputs towards strengthening the capacities of Zambian institutions to do so; and to develop its capacity to anticipate change and respond to arising needs or opportunities.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources : $10,250,000
Supplementary funds: $47,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 200	16 000	18 200
Education for All	1 400	10 000	11 400
Water, sanitation and health education	1 400	10 250	11 650
Advocacy, planning and action for women and children	3 100	9 200	12 300
Programme support	2 150	2 050	4 200
Total	10 250	47 500	57 750

a/ The breakdown for estimated yearly expenditures is given in table 3.

Programme preparation process

28. This programme has been developed under the leadership of the National Commission for Development Planning (NCDP) and has benefited from the contributions of other United Nations agencies, and bilateral and NGO partners. The programme cycles of UNDP, UNFPA and UNICEF have been harmonized, and a joint Government of Zambia/United Nations situation analysis and country strategy note were prepared. Working groups were set up to develop the country programme, which was approved by the Programme Coordination Committee (PCC). Strategy formulation also has benefited from the contributions of a broad range of partners and from Executive Board member comments on the country note.

Objectives and strategies

29. The overall goals of the programme are to strengthen Zambia's capacities to promote sustained improvements in the survival, development and welfare of women and children and to support achievement of the country's national goals.

30. Three mutually reinforcing strategies will be pursued to achieve the programme goals. Firstly, actions will be taken to position children and women at the centre of Zambia's reform and development agenda. Advocacy will be strengthened to increase awareness of the problems and needs of women and children and what can be done to address them. The Convention on the Rights of the Child will be used as a fundamental reference point to establish agreed minimum standards for children and the NPA will be used to mobilize resources towards the achievement of specific goals for children. Secondly, to protect and develop Zambia's human capital, support will be provided to increase the quality and quantity of essential social services. Particular attention will be paid to meeting the special needs of children in difficult circumstances, increasing the responsiveness of services to the needs of adolescents, and addressing gender, regional and other inequities in service delivery. Thirdly, action will be taken to strengthen community and family capacities to protect

and care for children. Community empowerment strategies will be reinforced by actions which seek to better link communities and service providers; and communications strategies will be developed to improve the knowledge and hands-on skills of those involved in promoting child health, growth and development.

Health and nutrition

31. The health and nutrition programme aims to promote sustained improvements in the health, nutrition and well-being of women and children through increasing coverage, quality and access to essential PHC. Action will be taken to inform and sustain political support for the reform process; to promote popular understanding of the goals of health reform and of the new roles to be assumed by individuals, families and communities; to promote collaboration on strategies designed to produce better health; and to promote improved cooperation between the Government, the church, NGOs and private sector. Support will be provided to strengthen the capacities of district health management teams to develop, manage, monitor and evaluate health plans and activities.

32. Actions will be taken to prevent and better treat common childhood illnesses. Districts will be supported to sustain high rates of vaccination coverage, eliminate polio, and develop and take to scale community-based malaria prevention and case management actions; and communications campaigns will be implemented to ensure that 60 per cent of caretakers are capable of effectively managing coughs, fever and diarrhoea in the home. In collaboration with WHO and the United States Agency for International Development (USAID), UNICEF will support the training of clinical staff in the integrated management of childhood illnesses with the aim of reducing case fatality rates for measles, fever/malaria and diarrhoea by 80 per cent and respiratory infections and malnutrition by 50 per cent. Actions also will be taken to improve the quality and relevance of growth monitoring; to continue high rates of vitamin A supplementation; to investigate the potential of reducing mother-to-child HIV transmission through vitamin A supplementation in pregnancy; and to develop strategies to address the special care needs of HIV-positive children.

33. To prevent poor growth among children under 18 months of age, emphasis will be placed on promoting exclusive breast-feeding, improving young child feeding practices, improving the management and recuperative care of sick children, and promoting awareness of the nutritional needs of pregnant and lactating women. Special attention will be directed to the elimination of iodine and vitamin A deficiencies and to the reduction of nutritional anaemias among pregnant women and children by 50 per cent. Existing supplementation strategies for vitamin A and iron/folic will be strengthened, salt iodization will be monitored and opportunities for micronutrient fortification of commonly eaten foods will be pursued.

34. Specific targets for women's health actions include ensuring that 90 per cent of pregnant women attend antenatal care during their first trimester of pregnancy and that 90 per cent of pregnant women are screened for syphilis and, if required, treated; increasing the proportion of first referral units which provide quality obstetric care; and doubling the proportion of mothers receiving post-natal care to 30 per cent.

35. Health service/community linkages will be built and community capacities developed to identify, analyse and act on the causes of sickness, death and malnutrition among young children and women. Actions will be taken to improve access to information on good health and how to promote it; to strengthen the skills of child caretakers in recognizing and responding to childhood illnesses; and to support community health development initiatives.

36. Monitoring systems will be strengthened to measure the public health impact of district plans and the work of service providers and communities. In addressing concerns of equity and access, support will be provided to continue work on budget reform; to increase community understanding of their health rights, roles and responsibilities; to monitor the impact of financing strategies on service utilization; and to develop schemes to ensure that the poor have access to basic health services.

Education for All

37. In helping to ensure access to quality education for all children of primary school age and to provide learning opportunities to empower individuals with the required skills, knowledge and capacities, UNICEF will support efforts to increase gross and net enrolments to 90 and 70 per cent, respectively; to improve progression rates; to ensure that 95 per cent of school leavers are functionally literate, numerate and able to exercise life skills; to achieve gender parity and regional equity in enrolment and completion rates; to demonstrate community approaches to primary education for all children, with a special emphasis on girls; and to explore opportunities for distance and peer education to address the learning needs of youth and adolescents.

38. UNICEF will advocate for and support the development of policies and approaches which increase girls' educational participation and achievement; expand learning opportunities for out-of-school primary-aged children (community schools); explore the potentials of non-formal education and distance learning for increasing life skills and HIV/AIDS awareness of children and adolescents; and support the development of mechanisms to ensure that the poor are not denied access to quality education. School-based learning of life skills on HIV prevention will be complemented by out-of-school support to peer education programmes and the use of radio, television and community dramas.

39. To improve the quality and relevance of primary education, research will be undertaken to identify the basic conditions for effective learning. UNICEF will work with the Government to develop and define an affordable, basic package; advocate for donor and NGO support; support teacher orientation, training and the development of innovative pedagogic methods; develop and produce learning materials; develop methods to assess learning achievement; and orient head teachers on the basics of school management and community relations.

40. Priority will be given to further develop and expand the Programme for the Advancement of Girls Education (PAGE). Initiated in 1994 with support from the Canadian International Development Agency (CIDA), PAGE supports provincial- and district-level staff, heads and teachers, community leaders and parents to design, implement and evaluate measures designed to increase early girl child enrolment and support their progression and achievement. Experience gained in 20 schools in Eastern and Lusaka Provinces will be used to influence national policies, and support will be expanded within these two provinces to increase the proportion of districts, schools and communities engaged with PAGE.

Water, sanitation and health education

41. The WASHE programme objectives are to contribute to the reduction in morbidity and mortality due to diseases associated with inadequate water supplies and sanitation and poor hygiene practices; and to reduce time and energy expenditures, especially by women and young girls, on the collection of water. In the context of the National Water Policy, CMMU will be supported to provide policy and operational guidance on how to plan, manage and evaluate appropriate, sustainable water supply, sanitation and hygiene interventions. Limited funding, hand-pumps, supplies and technical support will be provided to

NGOs and district authorities to implement projects which seek to increase or protect community water supplies and introduce complementary sanitation and hygiene education strategies. Some 60,000 families will benefit from new or rehabilitated water points, strengthened capacity to care for their water point, and practical advice on improved sanitation and hygiene practices. Priority will be given to drought- and cholera-prone areas, to areas with low access to potable water supplies, and to schools, clinics and public places.

Advocacy, planning and action for women and children

42. This programme aims to heighten awareness of, commitment to and action on the rights of children and women. Communications, participatory methods and community-based approaches to mobilize action towards the achievement of women's and children's rights will be developed and promoted; and capacities to develop policies and programmes which improve the well-being of the poor and address the rights and needs of women and children will be strengthened.

43. Putting "children first" on Zambia's development agenda is an essential condition for bringing about improvements in the health and welfare of children and for developing a foundation for progressively fulfilling child rights. For example, Zambia's laws relating to the child will be reviewed to ensure that they reflect the provisions of the two Conventions and the Constitution; laws will be codified; a Child Bill will be prepared; and the judiciary, police and civic education organizations will be oriented to these changes. Rights abuse reporting and enforcement mechanisms will be strengthened, as will legal support and counselling services for children and women. Advocacy on particular abuses will be pursued, and systems to monitor and report on progress in fulfilling child rights will be strengthened.

44. Advocacy will be undertaken to mainstream children's concerns within development plans, and systems will be developed to assess the extent to which children's concerns are acted upon. Activities will aim at increasing commitment among decision makers; forming and strengthening partnerships between key actors; promoting community participation and service/community linkages; and improving the knowledge, attitudes and practices, as well as hands-on skills, of service providers, parents and others involved with the health and development of children. Technical assistance and training will be provided to strengthen counterpart capacities to develop, implement and evaluate communications and social mobilization strategies.

45. UNICEF will assist Government and NGOs to develop policies and follow up on implementation of a national action plan to respond to the rapidly expanded population of children in need, e.g. orphans and unaccompanied children. Support will also be provided to develop methods and NGO capacities to help communities identify children in need, as well as appropriate community-based strategies to meet their needs. UNICEF will continue to support the Children in Need secretariat in providing networking and capacity-building support to child-serving organizations.

46. To strengthen capacities to monitor vulnerability, child goals and human development, UNICEF will (a) strengthen, in collaboration with the Food and Agriculture Organization of the United Nations (FAO), the capacity of FHANIS to measure the impact of policies, programmes and climatic changes on, especially, poor rural and peri-urban households; (b) work to ensure that the programme of national surveys contains consistent and technically sound modules to monitor children's goals; and (c) assist in developing and maintaining a database on human development indicators and the situation of women and children. UNICEF will also support research and policy analysis on issues related to women and

children, as well as the publication and dissemination of findings; and promote public discussion on implications and policy options.

Programme support

47. A support programme will strengthen the capacities of UNICEF and cooperating partners to plan, coordinate, monitor and evaluate UNICEF-assisted projects; develop a positive image of, and support for, UNICEF advocacy and programme work; and provide efficient and timely supply and logistics, finance, personnel and operations support for programme implementation. UNICEF will seek supplementary funding from bilateral and multilateral donors, and from National Committees for UNICEF, and will explore the potentials for further debt swaps and the use of government counterpart funds.

Coordination with other agencies

48. UNICEF relations with other United Nations agencies, bilateral agencies and NGOs are good and are expected to develop further under the new programme. Within the United Nations system, programme cycles have been harmonized and priorities for coordinated action have been agreed upon. Programme implementation will also benefit from continued strong collaboration with UNDP, FAO, WHO, UNFPA, the World Food Programme and the Joint United Nations Programme on HIV/AIDS. While strongest in support of the health reforms, recent World Bank/UNICEF consultations confirmed an interest in pursuing closer collaboration in the areas of nutrition, primary education (community schools), rural water and sanitation, and poverty monitoring. UNICEF will collaborate with USAID, the Swedish International Development Authority (SIDA), the Overseas Development Administration (ODA) (United Kingdom), the Danish International Development Agency and the Government of Netherlands in health; with CIDA, ODA and SIDA in education; and with NORAD, the German Agency for Technical Cooperation, the Japan International Cooperation Agency and CIDA in the water sector.

Monitoring and evaluation

49. Programme plans of operation distinguish between national goals and more specific UNICEF-supported objectives. Surveys will be undertaken to measure progress towards national goals, and programme performance will be monitored through annual/mid-term reviews and selected project/thematic evaluations.

Programme management

50. Overall country programme coordination is undertaken through NCDP which is supported by the Government of Zambia/UNICEF PCC. At provincial and district levels, donor assistance is coordinated through the Provincial and District Development and Coordination Committees. Task forces have been established for each sector to ensure intersectoral linkages and full participation in the development, implementation and assessment of UNICEF-supported activities. Where necessary, memoranda of understanding will be used to confirm agreements with district authorities, and formal agreements will be used to specify UNICEF collaborative relations and support for NGOs.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Zambia

(1994 and earlier years)

UNICEF country classification

Under-five mortality rate	203	(1994)	Very high U5MR
Infant mortality rate	114	(1994)	Very high IMR
GNP per capita	$ 350	(1994)	Low-income GNP
Total population	9.2 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	204	291	376	402
Infant deaths (under 1)	(thousands)	22	26	41	46
Under-five deaths	(thousands)	37	47	74	82
Under-five mortality rate (per 1,000 live births)		180	160	197	203
Infant mortality rate (under 1) (per 1,000 live births)		108	91	110	114

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1972/1992)	Moderate & severe	23 *	25
	Severe	6 *	6
Babies with low birth weight (%, 1990)		..	13
Primary school children reaching grade 5 (%, 1985/1992)		86	76

NUTRITION INDICATORS		About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992)		..	13
Timely complementary feeding rate (6-9 mos.) (%, 1992)		..	88
Continued breast-feeding rate (20-23 mos.) (%, 1992)		..	34
Prevalence of wasting (0-59 mos.) (%, 1972/1992)		5 *	5
Prevalence of stunting (0-59 mos.) (%, 1972/1992)		37 *	40
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)		95	87
Total goitre rate (1971)		51	..
Household expenditure (% of total income, 1980 or 1985)	All food/cereals	.. / ..	36 / 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	64
Access to health services (% of population, 1983)	Total	75	..
	Urban/rural	100 / 50	.. / ..
Access to safe water (% of population, 1983/1992)	Total	47	50
	Urban/rural	65 / 33	91 / 11
Access to adequate sanitation (% of population, 1983/1991)	Total	72	37
	Urban/rural	100 / 48	75 / 12
Births attended by trained personnel (%, 1992)		..	51
Maternal mortality rate (per 100,000 live births, 1990)		..	940

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	72	..	97	100
	DPT	44	..	79	85
	Polio	77	..	78	88
	Measles	21	..	76	88
Pregnant women (%) immunized against:	Tetanus	..	..	68	42

* Rural only.

TABLE 1 (continued)

Zambia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	90 / 77	96 / 81
	Male	97 / 81	100 / 82
	Female	83 / 73	92 / 80
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	16 / ..	20 / 16
	Male	22 / ..	25 / 19
	Female	11 / ..	14 / 12
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	54	78
	Male/female	65 / 43	86 / 71
Radio/television sets (per 1,000 population, 1980/1993)		24 / 10	82 / 27

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	4189	5738	8150	9196	10754
Population aged 0-15 years	(thousands)	2022	2967	4092	4589	5233
Population aged 0-4 years	(thousands)	796	1142	1564	1698	1866
Urban population (% of total)		30.2	39.8	42.0	42.5	44.7
Life expectancy at birth (years)	Total	46	50	50	48	46
	Male	45	49	50	47	46
	Female	48	52	51	49	47
Total fertility rate		6.8	7.1	6.2	5.8	5.3
Crude birth rate (per 1,000 population)		49	51	46	44	41
Crude death rate (per 1,000 population)		19	16	15	16	16

		About 1980	Most recent
Contraceptive prevalence rate (%, 1992)		..	15
Population annual growth rate (%, 1965-1980/1980-1994)	Total	3.1	3.4
	Urban	6.6	3.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-2.6	-1.3
Inflation rate (%, 1980-1985/1985-1994)		15	92
Population in absolute poverty (%, 1985)	Urban/rural	25 / ..	.. / ..
Household income share (%, 1976/1991)	Top 20%/bottom 40%	61 / 11	50 / 15
Government expenditure (% of total expenditure, 1983/1988)	Health/education	7 / 14	7 / 9
	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	8 / 14
Official development assistance: (1980/1994)	$US millions	318	719
	As % of GNP	10	22
Debt service (% of goods and services exports(1980/1993)		18	20

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1996 a/

COUNTRY: ZAMBIA
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $11 600 500

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned c/	Actual	Planned d/	Actual	Planned
Health	2074	4862	398	1149	880	955	1294	2049	4645	5446	9015	13485	13661	18931
Nutrition	53	0	0	0	0	0	0	0	53	0	0	0	53	0
Water supply and sanitation	0	285	0	91	0	457	0	674	0	0	1506	3000	1506	3000
Education	1479	1883	88	298	311	751	1064	1033	2941	2625	3964	7500	6905	10125
Community organization and development	77	653	34	86	375	134	181	178	667	0	1050	0	1716	0
Young child development	13	0	30	0	8	0	9	0	60	0	0	0	60	0
Women-centred programme	40	0	0	0	0	0	0	0	40	0	0	0	40	0
Planning and social statistics	236	0	21	0	950	0	925	-12	2132	1375	-12	0	2121	1375
Integrated area-based programme e/	0	0	0	0	0	0	0	0	0	2155	0	2383	0	4538
Emergency	103	2366	0	279	0	170	54	2070	157	0	4885	0	5042	0
GRAND TOTAL	4074	10048	570	1902	2523	2466	3528	5992	10695	11601	20408	26368	31103	37969

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Including three years bridging programmes (E/ICEF/1994/P/L.19) and additional GR funding(E/ICEF/1996/P/L.44).
d/ Including three years bridging programmes (E/ICEF/1994/P/L.19).
e/ Expenditures against integrated area-based programme have been accounted for in the appropriate sectoral programmes.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: ZAMBIA
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	440	440	440	440	440	2,200
	FSF						
	NSF	3,200	3,200	3,200	3,200	3,200	16,000
	TOTAL	3,640	3,640	3,640	3,640	3,640	18,200
EDUCATION FOR ALL	GR	280	280	280	280	280	1,400
	FSF						
	NSF	2,000	2,000	2,000	2,000	2,000	10,000
	TOTAL	2,280	2,280	2,280	2,280	2,280	11,400
WATER, SANITATION/HEALTH EDUCATION	GR	280	280	280	280	280	1,400
	FSF						
	NSF	2,050	2,050	2,050	2,050	2,050	10,250
	TOTAL	2,330	2,330	2,330	2,330	2,330	11,650
ADV/PLAN/ACTION FOR WOMEN/CHILDREN	GR	620	620	620	620	620	3,100
	FSF						
	NSF	1,840	1,840	1,840	1,840	1,840	9,200
	TOTAL	2,460	2,460	2,460	2,460	2,460	12,300
COUNTRY PROGRAMME SUPPORT	GR	430	430	430	430	430	2,150
	FSF						
	NSF	410	410	410	410	410	2,050
	TOTAL	840	840	840	840	840	4,200
TOTAL	GR	2,050	2,050	2,050	2,050	2,050	10,250
	FSF						
	NSF	9,500	9,500	9,500	9,500	9,500	47,500
	TOTAL	11,550	11,550	11,550	11,550	11,550	57,750

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ZAMBIA
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH AND NUTRITION	2,200			2,200	0	0	0	1	0	0	1	1	2	4	778.6	388.8	1,167.4
EDUCATION FOR ALL	1,400			1,400	0	0	0	1	0	0	1	1	2	4	961.8	390.7	1,352.5
WATER, SANITATION/HEALTH EDUCATION	1,400			1,400	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADV/PLAN/ACTION FOR WOMEN/CHILDREN	3,100			3,100	0	0	0	1	1	0	2	0	1	3	1,486.9	78.2	1,565.1
COUNTRY PROGRAMME SUPPORT	2,150			2,150	0	0	0	0	1	1	2	0	8	10	1,334.7	564.6	1,899.3
TOTAL GR	10,250			10,250	0	0	0	3	2	1	6	2	13	21	4,562.0	1,422.3	5,984.3
SUPPLEMENTARY FUNDING :																	
HEALTH AND NUTRITION		0	16,000	16,000	0	0	0	0	1	0	1	1	1	3	708.3	260.8	969.1
EDUCATION FOR ALL		0	10,000	10,000	0	0	0	0	1	0	1	0	1	2	708.3	64.6	772.9
WATER, SANITATION/HEALTH EDUCATION		0	10,250	10,250	0	0	0	1	1	0	2	1	2	5	1,558.8	350.1	1,908.9
ADV/PLAN/ACTION FOR WOMEN/CHILDREN		0	9,200	9,200	0	0	0	0	1	0	1	0	2	3	708.3	228.9	937.2
COUNTRY PROGRAMME SUPPORT		0	2,050	2,050	0	0	0	0	0	0	0	1	7	8	0.0	655.2	655.2
TOTAL SF		0	47,500	47,500	0	0	0	1	4	0	5	3	13	21	3,683.7	1,559.6	5,243.3
TOTAL GR & SF	10,250	0	47,500	57,750	0	0	0	4	6	1	11	5	26	42	8,245.7	2,981.9	11,227.6
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		1,462.0													
		Staffing			0	0	1	1	1	0	3	2	11	16	2,334.8	1,216.2	3,551.0
GRAND TOTAL (GR+SF+ADM)					0	0	1	5	7	1	14	7	37	58	10,580.5	4,198.1	14,778.6
Number of posts and staff costs:																	
Current programme cycle											13	8	34	55			
At the end of proposed programme cycle (indicative only)											14	7	37	58	10,580.5	4,198.1	14,778.6

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.